

01/04/01

A

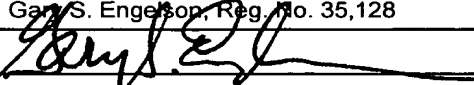
UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	S0489/7009 GSE
	First Named Inventor or Application Identifier	
	MESH, Michael	
	Express Mail Label No.	EL711263228US
Date of Deposit		January 3, 2001

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	ADDRESS Box Patent Application TO: Commissioner for Patents Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total pages 22] 15 - pages description 1 - page abstract 6 - pages claims 29 - Total claims 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 5] <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal [Total drawings 5] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation by Reference <i>(usable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers/cover sheet & documents(s) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation of Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
16. Other:	
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <input type="checkbox"/> Cancel in this application original claims of the prior application before calculating the filing fee. <input type="checkbox"/> Amend the specification by inserting before the first line the sentence: This application is a <input type="checkbox"/> continuation <input type="checkbox"/> divisional of application serial no. , filed , entitled , and now .	

18. CORRESPONDENCE ADDRESS*Correspondence address below*

ATTORNEY'S NAME	Gary S. Engelson, Reg. No. 35,128				
NAME	Wolf, Greenfield & Sacks, P.C.				
ADDRESS	600 Atlantic Avenue				
CITY	Boston	STATE	MA	ZIP	02210
COUNTRY	USA	TELEPHONE	(617) 720-3500	FAX	(617) 720-2441

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary S. Engelson, Reg. No. 35,128
SIGNATURE	
DATE	January 3, 2001

0053399 01001

Inventor or Identifier: MESH, Michael

Serial No: Not yet assigned

Filed: Herewith

For: FIBRE OPTIC COMMUNICATION METHOD

CHECK BOX, if applicable:

☐ DUPLICATE

Fee Calculation Sheet

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
	TOTAL CLAIMS (37 CFR 1.16(c))	29-20=	9 x	\$18	= \$ 162.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3=	0 x	\$80	= \$ 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) +			\$260	= \$
				BASIC FEE (37 CFR 1.16(a))	\$ 710.00
	Total of above Calculations =				\$ 872.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				\$ 436.00
	Assignment Recordation Fee (if any)				\$ 40.00
	Other Fees (if any).				\$
	TOTAL =				\$ 476.00

1. A check in the amount of \$ 476.00 is enclosed.

General Authorization to Charge Deposit Account and General Request for Extension of Time

2. a. ☒ If the filing of any paper in this application necessitates the payment of a fee under 37 CFR §§ ☒ 1.16 ☐ 1.17 or ☐ 1.18, and the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.
- b. ☐ The applicant hereby revokes any prior authorization to charge a fee due under 37 CFR §§ ☐ 1.16 ☐ 1.17 or ☐ 1.18.
3. If the filing of any paper in this application necessitates an extension of time under 37 CFR § 1.136(a), the applicant hereby requests such extension of time. If the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.


 Gary S. Engelson, Reg. No. 35,128
 Wolf, Greenfield & Sacks, P.C.
 600 Atlantic Avenue
 Boston, MA 02210-2211
 (617) 720-3500
 Attorneys of Record

Docket No. S0489/7009 GSE
 Date: January 3, 2001